

WASHINGTON STATE DRUG INFLUENCE EVALUATION

ROLLING LOG # _____

TRAFFIC FATALITY INVEST OTHER FIELD CERT MOCK EVAL INST OBSERVED RECERT

INSTRUCTOR:

EVALUATOR AND DRE #

DRE'S AGENCY

CASE NO.

NOTIFICATION DATE AND TIME

WITNESS

DRE

MIRANDA WARNING GIVEN BY

LOCATION

COUNTY OF ARREST

ARRESTING OFFICER

BREATH TEST RESULTS:

INSTR NO.

COLLISION

NONE FATALITY INJURY PROPERTY

SUBJECT'S NAME

DOB

SEX

M

F

RACE

OLN

STATE

DATE /TIME OF ARREST

TIME OF EVAL

WHAT HAVE YOU EATEN TODAY?

WHEN?

WHAT HAVE YOU BEEN DRINKING?

WHEN?

WHAT TIME IS IT?

WHEN DID YOU LAST SLEEP? HOW LONG?

ARE YOU SICK OR INJURED?

DIABETIC

EPILEPTIC

TAKE INSULIN?

DO YOU HAVE A PHYSICAL IMPAIRMENT?

UNDER THE CARE OF A DR. OR DENTIST?

WHAT MEDICATIONS OR DRUGS ARE YOU TAKING?

YES NO IF YES NAME:

ATTITUDE

COORDINATION

SPEECH

BREATH

FACIAL COLOR

CORRECTIVE LENSES:

NONE GLASSES

CONTACTS:

SOFT HARD

BLINDNESS:

NONE

LEFT

RIGHT

EYES:

NEAR NORMAL

BLOODSHOT

WATERY

EYELIDS:

NORMAL

DROOPY

PUPIL SIZE:

EQUAL

UNEQUAL:

ABLE TO FOLLOW STIMULUS:

YES

NO

TRACKING:

EQUAL

UNEQUAL

HGN

LEFT

RIGHT

VERTICAL NYSTAGMUS

Yes No

ROMBERG BALANCE:

APPROX

EYELID TREMORS

YES NO

LACK OF SMOOTH PURSUIT

Y N

Y N

CONVERGENCE

Right

Left

MAX. DEVIATION

Y N

Y N

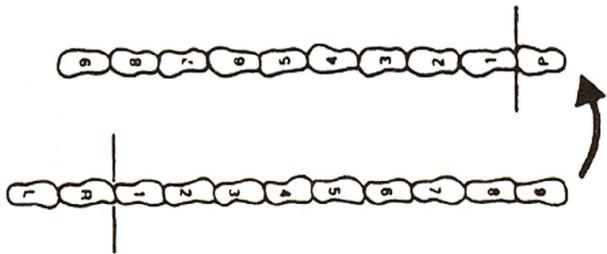
ANGLE OF ONSET

EST AS 30 SEC.

HOW MANY SEC.?

ESTIMATION METHOD:

WALK AND TURN:



TYPE OF FOOTWEAR

CAN'T KEEP BALANCE

STARTS TOO SOON

1ST

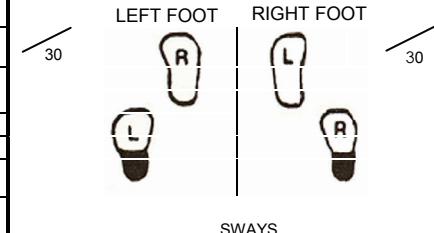
2ND

STOPS WALKING

MISSES HEEL TO TOE

STEPS OFF LINE

ONE LEG STAND:



USES ARMS TO BALANCE

DESCRIBE TURN:

CANNOT DO TEST:

RAISES ARMS

HOPPING

ACTUAL STEPS TAKEN

PUTS FOOT DOWN

FINGER TO NOSE:

RIGHT

LEFT

3-PULSES

PULSE

TIME

PUPIL SIZE

Room Light
2.5MM - 5.0MM

Near Total Darkness
5.0MM - 8.5MM

Direct Light
2.0MM - 4.5MM

FIRST

LEFT EYE

SECOND

RIGHT EYE

THIRD

HIPPUS

Yes

No

REBOUND DILATION

Yes

No

REACTION TO LIGHT

BLOOD PRESSURE

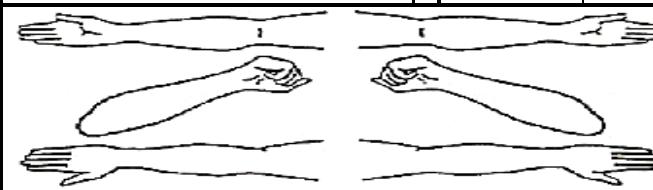
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NASAL AREA

ORAL CAVITY

TEMP

MUSCLE TONE: NEAR NORMAL FLACCID RIGID



WHAT MEDICATIONS OR DRUGS HAVE YOU BEEN USING?

TYPE OF DRUG? HOW MUCH/DOSAGE? TIME OF USE?

WHERE WERE THESE DRUGS USED?

INTERROGATION, STATEMENTS AND OTHER OBSERVATIONS (USE BACK IF NECESSARY):

SEE BACK:

Y N

OPINION:

DEPRESSANT NARCOTIC ANALGESIC INHALANT
 STIMULANT DISSOCIATIVE ANESTHETIC HALLUCINOGEN

TOX SAMPLE

BLOOD URINE REFUSED
 UNABLE TO OBTAIN NOT REQSTD

TIME COMPLETED

EXAMINING OFFICER

BADGE NO.

REVIEWED BY DRE INSTRUCTOR:

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